Calcitonin Gene-Related Peptide (CGRP) Antibodies
(Erenumab-aooe, Galcanezumab-gnlm)
Criteria for Use
March 2021
VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

See the VA National PBM-MAP-VPE Monograph on this drug at the PBM INTERNET or PBM INTRANET site for further information.

Exclusion Criteria
If the answer to ANY item below is met, then the patient should NOT receive a CGRP antibody.

- Patient has received a botulinum toxin injection for headache prophylaxis in the past month.
- Patient has a latex allergy (erenumab-aooe only)
- Patient has uncontrolled hypertension (not at goal BP)
- Patient is receiving therapy with ubrogepant or rimegepant
- Patient with diagnosis of:
  - hemiplegic migraine
  - tension headache
  - medication overuse headache (regular use of any abortive agents including NSAIDS more than two days per week)

Inclusion Criteria

- Patient is under the care of a VA/VA-authorized Neurologist or locally designated expert who is responsible for prescribing and monitoring therapy
- Patient started on erenumab must have a scheduled BP check in 2-4 weeks after initiation of therapy

Erenumab
The patient must meet diagnostic criteria for one of the following;
- **Episodic Migraine**-defined as 4 to 14 monthly migraine days

AND

Patient must demonstrate a lack of therapeutic response, contraindication or intolerance to agents from each of the following drug classes: (one) beta blocker, (one) antidepressant, and (both) antiseizure medications listed below for a total of four prophylaxis medication trials. Lack of response must not be determined until trialed at least 12 weeks.

- **Beta Blocker**
  - Metoprolol 50-100 mg BID
  - Propranolol 20-80 mg BID
- **Antiseizure**
  - Topiramate 50-200 mg BID
  - Divalproex 500-1000mg Daily


• Antidepressant
  – Amitriptyline 25-100 mg Daily
  – Nortriptyline 10-100 mg Daily

OR

☐ Chronic Migraine - defined as ≥15 headache days per month with ≥8 monthly migraine days

AND

Patient must demonstrate a lack of therapeutic response, contraindication or intolerance to 3 prophylaxis medication trials from the Beta Blocker class and the antiseizure drug class. If a patient has received a botulinum toxin and demonstrated no response, this may be considered one of the required prophylaxis medication trials. Lack of response must not be determined until trialed at least 12 weeks.

• Beta Blocker
  – Metoprolol 50-100 mg BID
  – Propranolol 20-80 mg BID

• Antiseizure
  – Topiramate 50-200 mg BID
  – Divalproex 500-1000mg Daily

Galcanezumab

☐ Cluster Headache defined as at least one cluster period lasting at least three months, with no remission or remission of less than one month

AND

Patient must demonstrate a lack of therapeutic response, contraindication or intolerance to one of the following

• Verapamil 240-960 mg per day
• Lithium 600-1500 mg per day

OR

☐ latex allergy

For women of childbearing potential:

There are no adequate studies of CGRP in pregnant women. No adverse effects were observed in the offspring of pregnant monkeys given CGRP throughout gestation. The doses given resulted in much higher exposures than those achieved with the recommended dose in women. It is not known if CGRP is present in breast milk. The decision to breastfeed during therapy should consider the risk of infant exposure, the benefits of breastfeeding to the infant, and benefits of treatment to the mother.